

07121556 EMBASE No: 1998011902

Rehabilitation medicine offers the best of old and new

Kennedy M.

Wisconsin Medical Journal (WISC. MED. J.) (United States) 1997, 96/12
(21)

CODEN: WMJOA ISSN: 0043-6542

DOCUMENT TYPE: Journal; Short Survey

LANGUAGE: ENGLISH

DRUG DESCRIPTORS:

*botulinum toxin a--drug therapy--dt; *botulinum toxin a--pharmacology--pd;
*baclofen--adverse drug reaction--ae; *baclofen--drug administration--ad; *
baclofen--drug therapy--dt; *baclofen--pharmacology--pd
muscle relaxant agent--adverse drug reaction--ae; muscle relaxant agent
--drug administration--ad; muscle relaxant agent--drug therapy--dt; muscle
relaxant agent--pharmacology--pd

MEDICAL DESCRIPTORS:

*rehabilitation medicine; *stroke--disease management--dm; *stroke
--rehabilitation--rh; *spasticity--complication--co; *spasticity--drug
therapy--dt; *spasticity--therapy--th; *spinal cord injury--disease
management--dm; *spinal cord injury--rehabilitation--rh; *decubitus
--complication--co; *decubitus--prevention--pc
cerebrovascular disease--disease management--dm; cerebrovascular disease
--rehabilitation--rh; disability; health care cost; drug efficacy;
drowsiness--side effect--si; confusion--side effect--si; vertigo; medical
technology; electrostimulation therapy; splint; biosensor; human; oral drug
administration; intrathecal drug administration; short survey
CAS REGISTRY NO.: 93384-43-1 (botulinum toxin a); 1134-47-0 (baclofen);
9008-44-0 (muscle relaxant agent)

SECTION HEADINGS:

- 008 Neurology and Nerosurgery
- 019 Rehabilitation and Physical Medicine
- 037 Drug Literature Index
- 038 Adverse Reaction Titles

Per
5/13/07
P21

05812635 EMBASE No: 1994231152

Symptom management in multiple sclerosis

Schapiro R.T.

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Annals of Neurology (ANN. NEUROL.) (United States) 1994, 36/SUPPL. (S123-S129)

CODEN: ANNEED ISSN: 0364-5134

DOCUMENT TYPE: Journal; Conference Paper

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

Res
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Presently, the course of multiple sclerosis (MS) can be altered little, if at all. Appropriate symptom management, however, can change the course of lives and allow for more comfortable, healthier living despite significant disease. Symptoms in MS are divided into three broad categories. Those that result from actual demyelination include decreased vision, weakness, spasticity, bladder problems, ataxia, numbness, and decreased cognition. Secondary symptoms spring from the primary; these symptoms include contractures, urinary tract infections, megacolon,

decubiti, decreased bony calcification, and muscle atrophy. Tertiary symptoms are the unavoidable psychological, vocational, and social problems that occur with chronic disease. This article reviews standard therapies, but the emphasis is on newer management solutions that may not have reached their full potential, though they add to the development of an appropriate life-management plan for persons with MS. The pharmacological approach to symptom management is emphasized, while understanding that rehabilitation and medications cannot be separated in the real life alleviation of MS symptoms.

BRAND NAME/MANUFACTURER NAME: lioresal; dantrium; valium; tegretol; botox; dilantin; depakote; marinol; inderal; klonopin

DRUG DESCRIPTORS:

baclofen--drug therapy--dt; botulinum toxin a--drug therapy--dt; carbamazepine--drug therapy--dt; clonazepam--drug therapy--dt; dantrolene--drug therapy--dt; diazepam--drug therapy--dt; dronabinol--drug therapy--dt; hydroxyzine--drug therapy--dt; phenytoin--drug therapy--dt; propranolol--drug therapy--dt; valproate semisodium--drug therapy--dt

MEDICAL DESCRIPTORS:

*multiple sclerosis--drug therapy--dt; *multiple sclerosis--therapy--th
conference paper; contracture; demyelination; disease course; human; management; priority journal; psychological aspect; quality of life; symptomatology; treatment planning

CAS REGISTRY NO.: 1134-47-0 (baclofen); 93384-43-1 (botulinum toxin a);
298-46-4, 8047-84-5 (carbamazepine); 1622-61-3 (clonazepam); 14663-23-1
, 7261-97-4 (dantrolene); 439-14-5 (diazepam); 7663-50-5 (dronabinol);
2192-20-3, 64095-02-9, 68-88-2 (hydroxyzine); 57-41-0, 630-93-3 (phenytoin); 13013-17-7, 318-98-9, 3506-09-0, 4199-09-1, 525-66-6 (propranolol); 76584-70-8 (valproate semisodium)

SECTION HEADINGS:

008 Neurology and Nerosurgery

037 Drug Literature Index

05488307 EMBASE No: 1993256406

Spinal cord injury: An overview

Gutierrez P.A.; Young R.R.; Vulpe M.

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Urologic Clinics of North America (UROL. CLIN. NORTH AM.) (United
States) 1993, 20/3 (373-382)

CODEN: UCNAD ISSN: 0094-0143

DOCUMENT TYPE: Journal; Review

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

*Recd
5/13/04
P*

Advancements in the management of urologic complications such as the neurogenic bladder have been essential to improving the quality of life and longevity of patients with spinal cord injury. These advances are discussed in greater detail in the subsequent articles in this issue. Despite the many improvements that have been made in post-trauma care, spinal cord injury remains a devastating lesion of the nervous system. Current therapies have not proved to be particularly effective in preventing or reversing damage to the spinal cord. Still, every effort should be made to preserve remaining function and to prevent complications. The care of these patients has been significantly improved with the development of specialized multidisciplinary centers. The emphasis in current treatment focuses on rehabilitation and adaptation to the disability and on prevention of secondary disabilities. Research in basic and clinical neuroscience will result in better, more useful care and treatment for those with spinal cord injury. However, even then, a neurorehabilitation team will be essential to care for these patients. Continuing efforts must be made to ensure that people with spinal cord injury lead full and productive lives.

DRUG DESCRIPTORS:

botulinum toxin--drug therapy--dt; botulinum toxin--drug
administration--ad; clonazepam--drug dose--do; clonazepam--drug therapy--dt
; clonazepam--drug administration--ad; clonidine--drug therapy--dt;
clonidine--drug dose--do; clonidine--drug administration--ad; dantrolene
--drug administration--ad; dantrolene--drug dose--do; dantrolene--drug
therapy--dt; diazepam--drug administration--ad; diazepam--drug therapy--dt;
diazepam--drug dose--do

MEDICAL DESCRIPTORS:

*spinal cord injury--epidemiology--ep
brown sequest syndrome--complication--co; cauda equina; decubitus
--complication--co; deep vein thrombosis--complication--co; feces impaction
--complication--co; human; intramuscular drug administration; neurogenic
bladder--complication--co; oral drug administration; priority journal;
quadriplegia--complication--co; review; spasticity--drug therapy--dt;
spasticity--complication--co; syringomyelia--complication--co; transdermal
drug administration

CAS REGISTRY NO.: 1622-61-3 (clonazepam); 4205-90-7, 4205-91-8, 57066-25-8
(clonidine); 14663-23-1, 7261-97-4 (dantrolene); 439-14-5 (diazepam)

SECTION HEADINGS:

- 008 Neurology and Nerosurgery
- 028 Urology and Nephrology
- 033 Orthopedic Surgery
- 037 Drug Literature Index

01901046 SUPPLIER NUMBER: 61616797 (THIS IS THE FULL TEXT)
CLINICAL RESEARCH.
Paraplegia News, 54, 4, 30
April,
2000
PUBLICATION FORMAT: Magazine/Journal ISSN: 0031-1766 LANGUAGE: English
RECORD TYPE: Fulltext TARGET AUDIENCE: Academic; Professional
WORD COUNT: 456 LINE COUNT: 00041

TEXT:

"Treatment of Pressure Ulcers in Spinal Cord Injury Patients"

Dorne Yager, Ph.D. Virginia Commonwealth University Richmond, Va.

\$79,032 (one year)

Pressure ulcers are one the most debilitating and costly complications of spinal-cord dysfunction (SCD) and other conditions leading to immobility. Although pressure ulcers are typically difficult to treat, recent research suggests that an abnormal immune response may play a role in the delayed healing of these ulcers. Specifically, cells called neutrophils, normally responsible for clearing debris from an area of injury, may linger in a pressure ulcer and release compounds that further destroy the skin tissue. Recent data suggests that some antibiotics may inhibit the movement of neutrophils into an area of tissue injury as well as the destructive compounds they produce.

Project goal: To determine whether antibiotics can successfully treat pressure ulcers, and whether natural agents in the blood can also reduce tissue destruction in pressure ulcers.

"Improving Tissue Viability of Paralyzed Muscle with NMES"

Ronald J. Triolo, Ph.D. Case Western Reserve University Cleveland

\$40,257 (one year)

A major secondary complication of spinal-cord injury (SCI), pressure ulcers can have serious adverse effects on people's psychological and physical well-being. They are also expensive, requiring long periods of bed rest and possible surgery for successful healing. Methods of prevention have tended to concentrate on devices such as support cushions and reclining wheelchairs. Neuromuscular electrical stimulation (NMES) is a method of changing the characteristics of paralyzed muscles so the response to long-term pressure, particularly from sitting in a wheelchair, may be improved. The primary site for pressure ulcers in the SCI population is in the hip region.

Project goal: To evaluate NMES's effectiveness in improving the properties of paralyzed muscle in order to reduce incidence of pressure ulcers in the SCI population.

"Use of Botulinum: A Toxin for the Treatment of Detrusor-Sphincter Dyssynergia in Spinal Cord Injury Patients"

Regina Hovey, M.D. Long Beach VA Medical Center Long Beach, Calif.

\$114,045 (three years)

People with SCI can experience a variety of problems with urinary-tract function. One involves the bladder's failure to be properly coordinated with the muscular sphincter that allows urine to pass out of the body. This detrusorsphincter dyssynergia (DSD) can cause high bladder pressure, poor bladder emptying, and possible kidney damage.

Project goal: To evaluate the usefulness of a chemical called botulinum A toxin to treat this condition. This toxin can be deadly, but when injected into muscles in tiny amounts, it causes only temporary paralysis of that muscle. Thus, it may be useful in relaxing the urinary sphincter to improve the ability to urinate.

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DESCRIPTORS: Bedsores--Care and treatment; Electric stimulation--
Therapeutic use; Botulinum toxin--Therapeutic use
FILE SEGMENT: HI File 149